

Charles A. Bon  
Patological Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107031684

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		3		2		
6		3		4		
7		3		4		
8		3		4		
9		3		4		
10		3		4		
11		3		4		
12		3		4		
13		1		1		
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TOTAL IND.			4			
TOTAL DEP.			35			
TOTAL CLAIMS			39			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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